

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVN4587HHA</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/12/2009</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARTON MEMORIAL HOME HEALTH AGENCY</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1609 HIGHWAY 395<br/>MINDEN, NV 89423</b> |  |  |
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| H 00  | <p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Survey conducted in your facility on May 11, 2009 and finalized on May 12, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census was 29.<br/>Four records were reviewed.<br/>Two home visits were conducted.</p> <p>The following deficiencies were identified:</p> | H 00  |  |  |
| H128<br>SS=C  | <p>449.770 Governing Body; Bylaws</p> <p>3. The governing body shall appoint an advisory group of professional personnel, including one or more members who are practicing physicians, one or more professional registered nurses and representatives from other professional disciplines as indicated by the scope of the agency's program.</p> <p>This Regulation is not met as evidenced by:<br/>Based on document review and staff interview, the agency failed to appoint members to the advisory group of professional personnel that included representatives from the professional disciplines as indicated by the scope of the agency's program.</p> <p>Findings include:</p>                                   | H128  |  |  |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| H128  | Continued From page 1<br><br>During review of the professional advisory group minutes, it was noted that the group did not have a representative from physical therapy or speech therapy on the committee.<br><br>During an interview with the Director of Nursing on 5/12/09 at 10:20 AM, she was asked about the professional advisory group's make up. She stated that she was not aware that all disciplines with in the scope of the agency practice needed representation. She confirmed that there was not representation from physical therapy and speech therapy.<br><br>Scope of 1, severity of 1  | H128   |  |                          |  |
| H141<br>SS=C  | 449.779 Professional Advisory Group<br><br>2. The professional advisory group must include at least one member who is a practicing physician, one professional registered nurse, representatives from other professional disciplines as indicated by the scope of the agency's program and two members who are representatives of the general public served by the agency. At least one member of the advisory group may not be an owner or employee of the agency. The administrator or his designee shall attend all meetings of the advisory group.<br><br>This Regulation is not met as evidenced by:<br>Based on document review and staff interview, the agency failed to include on the professional advisory group representatives from all professional disciplines as indicated by the scope of the agency's program.<br><br>Findings include: | H141   |  |                          |  |

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| H141  | Continued From page 2<br><br>During review of the professional advisory group minutes, it was noted that the group did not have a representative from physical therapy or speech therapy on the committee.<br><br>During an interview with the Director of Nursing on 5/12/09 at 10:20 AM, she was asked about the professional advisory group's make up. She stated that she was not aware that all disciplines with in the scope of the agency practice needed representation. She confirmed that there was not representation from physical therapy and speech therapy.<br><br>Scope of 1, severity of 1  | H141  |  |  |
| H152<br>SS=C  | 449.782 Personnel Policies<br><br>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:<br>6. The maintenance of employee records which confirm that personnel policies are followed;<br>This Regulation is not met as evidenced by:<br>Based on record review and staff interview, the agency failed to comply with NRS 449.179 for 10 of 10 employee records reviewed.<br><br>Findings include:<br><br>The Nevada Revised Statutes, under chapter 449 requires the following:<br><br>Nevada Revised Statutes 449.179 "Except as otherwise provided in subsection 2, within 10 | H152  |  |  |

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| H152  | <p>Continued From page 3</p> <p>days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p> <p>All of the employee files: During personnel file review the employees did not have a written statement in their personnel file stating whether he has been convicted of any crime as required in NRS 449.188. The most recently hired of these employees was Employee #2, with a date of hire of 1/5/09.</p> <p>During an interview with the Director of Nursing on 5/12/09 in the AM, she stated that she was not aware of this requirement.</p> <p>NRS 449.179(3)</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> | H152   |  |                          |  |

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| H152  | Continued From page 4<br><br>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;<br>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and<br>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.<br><br>During personnel record review, it was noted that Employees #2 and #3's files lacked documented evidence that fingerprints had been obtained from the employees for submission. The files lacked documented evidence of copies of the fingerprints.<br><br>Scope of 1, severity of 2 | H152   |  |                          |  |
| H153<br>SS=C  | 449.782 Personnel Policies<br><br>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:<br>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and<br><br>This Regulation is not met as evidenced by:<br>Based on record review it was determined that 1  | H153   |  |                          |  |

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| H153  | <p>Continued From page 5</p> <p>of 10 employees did not have evidence of TB testing in accordance with NAC 441.A. (#2)</p> <p>Findings include:</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest</p> | H153  |  |  |

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| H153  | Continued From page 6<br><br>radiographs unless he develops symptoms suggestive of tuberculosis.<br>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.<br>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.<br>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.<br><br>During review of the personnel files of the employees, only one file (Employee #2) lacked documented evidence of tuberculosis screening tests.<br><br>Scope of 1, severity of 2 | H153   |  |                          |  |
| H195  | 449.800 Medical Orders<br><br>2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days  | H195   |  |                          |  |

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| H195  | Continued From page 7<br><br>after receipt of the oral order.<br>This Regulation is not met as evidenced by:<br>Based on clinical record review and agency policy<br>review, the agency failed to obtain signatures on<br>physician's orders for 1 of 4 patients. (#1)<br><br>Findings include:<br><br>Patient #1 was admitted to the agency on 3/25/09<br>with diagnoses of aftercare following an<br>abdominal hysterectomy related to neoplasm,<br>long term anticoagulant use, hypertension,<br>diabetes and atrial fibrillation.<br><br>During clinical record review the physician<br>signature on the plan of care dated 3/25/09 was<br>not signed by the physician until 5/11/09.<br><br>Scope of 1, severity of 1  | H195  |  |  |
| H196<br>SS=C  | 449.800 Medical Orders<br><br>3. Orders must be specific regarding the level of<br>care and the service given.<br>4. Medication orders must include:<br>(a) The name of the drug.<br>(b) The exact dosage in units, milligrams,<br>grams or other measurements.<br>(c) Frequency.<br>(d) The duration of treatment.<br>(e) The method of administration.<br>(f) Any special precautions, including<br>requests for doctor's orders for the use of<br>adrenaline for possible anaphylaxis.<br><br>This Regulation is not met as evidenced by:<br>Based on clinical record review, observation and<br>patient interview, the agency failed to update the<br>orders on the plan of care to reflect the care<br>given to the patient in 1 of 4 clinical records. (#1) | H196  |  |  |

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| H196  | <p>Continued From page 8</p> <p>Findings include:</p> <p>Patient #1 was admitted to the agency on 3/25/09 with diagnoses of aftercare following an abdominal hysterectomy related to neoplasm, long term anticoagulant use, hypertension, diabetes and atrial fibrillation.</p> <p>During the home visit of 5/11/09, at 2:00 PM, the patient was interviewed about her medications. She stated that her medications were kept in a plastic container in the china hutch. During review of the medications, several discrepancies were noted in the medications actually taken and the medications ordered on the plan of care. The following medications were on the plan of care:</p> <p>Lantus 25 u SC daily<br/>Synthroid 100 mcq. Orally, daily<br/>Metoprolol 75 mg. orally 2 times a day<br/>Coumadin 2.5 mg. orally daily at 1800.<br/>Prilosec 20 mg. orally, daily<br/>Iron 324 mg. orally, daily<br/>Phenergan 125 mg. 1 orally q 6 hours PRN<br/>nausea</p> <p>The medication that the patient was actually taking was as follows:</p> <p>Lantus 25 units subcutaneously daily, in the AM<br/>Synthroid 100 mcq. orally, daily<br/>Metoprolol 75 mg. orally 2 times a day<br/>Coumadin 5 mg. orally daily, patient states she has taken since 4/2/09<br/>Prilosec 20 mg. orally, daily<br/>Iron 324 mg. orally, twice a day, patient states she has taken since 3/1/09<br/>Phenergan 125 mg. 1 orally q 6 hours PRN<br/>nausea</p> | H196   |  |                          |  |

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| H196  | <p>Continued From page 9</p> <p>The patient also had Naproxen and Tylenol at her bedside. When asked about these medications, she stated that she took them when she got the "prickly" pain in her feet at night.</p> <p>The plan of care dated 3/25/09 required skilled nursing visits to be made 3 w 8 - M, W, F. (three times a week for eight weeks on Monday, Wednesday and Friday). During clinical record review it was noted that the patient was seen only two times during the week of 3/22/09. There was no documented evidence in the record as to why the third visit was not made. During the week of 4/5/09, the patient was seen on Monday, Wednesday and Saturday. There was no documented evidence in the record as to why the visit was made on Saturday instead of Friday. The record lacked documented evidence that the physician had been notified of the change in the plan of care.</p> <p>The order on the plan of care was for wound care using a wound vac. The suction pressure to be utilized was written in the plan of care dated 3/25/09 as 125 mmhg of continuous suction. The number 125 resembled 175. On the skilled nursing notes dated 3/27/09, 4/6/09, 4/24/09 and 4/27/09, the number was written as 175. The note for 4/20/09 had listed the number as 125. During the observation of the home visit, the nurse told the patient that she was putting the machine at 175 mmhg of continuous suction.</p> <p>On the morning of 5/12/09, the Director was asked about the suction strength and she was asked if she could decipher the writing on the plan of care. She stated that the suction should have been at 125 mmhg. There was no documented evidence in the record that the</p> | H196   |  |                          |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVN4587HHA</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/12/2009</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BARTON MEMORIAL HOME HEALTH AGENCY</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1609 HIGHWAY 395<br/>MINDEN, NV 89423</b>                                    |                          |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |
| H196  | Continued From page 10<br><br>physician was notified for clarification of the<br>order.<br><br>Scope of 1, severity of 2     | H196   |  |                          |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.